

Attorney or Party Name, Address, Phone & Fax Nos.,
State Bar No. & Email

Benjamin Heston
Bar Number: 297798
Nexus Bankruptcy
3090 Bristol Street #400
Costa Mesa, CA 92626
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- ☐ Debtor(s) appearing without an attorney
☒ Attorney for Debtor(s)

**United States Bankruptcy Court
Central District of California - Santa Ana Division**

In re:
Diodilyn Perez Apale

CASE NO.:
CHAPTER: 7

**DECLARATION BY DEBTOR(S)
AS TO WHETHER INCOME WAS RECEIVED
FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION
DATE**

[11 U.S.C. § 521(a)(1)(B)(iv)]

Debtor(s).

[No hearing required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☒ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)
☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 01/11/2024 Printed name of Debtor 1 Diodilyn Perez Apale Signature of Debtor 1 Diodilyn Perez Apale

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)
☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: _____ Printed name of Debtor 2 _____ Signature of Debtor 2 _____

CO
3MG

000007-000006

Montage Laguna Beach LLC
3 Ada Parkway
Suite 100
Irvine, CA 92618

Earnings Statement

Employee ID 047280
Page 001 of 001
Period Beg/End: 11/11/2023 - 11/24/2023
Check Date: 12/01/2023
Check Number: 0052784520
Batch Number: SCKOL0YPJLIV

DIODILYN APALE
2437 Elden Ave
Apt. B1
Costa Mesa, CA 92627

For inquiries on this statement please call: 949-715-5000

Total Hours Worked: 50.66
Basis of Pay: Hourly
Pay Rate: 15.50

| Earnings | Rate | Hours/ Units | This Period | Year-to-Date |
|--------------|---------|-----------------|----------------|--------------|
| Overtime Bas | 15.5000 | 1.10 | 17.05 | 173.46 |
| Overtime Pre | 9.7750 | 1.10 | 10.76 | 129.28 |
| Regular | 15.5000 | 49.56 | 768.19 | 9255.40 |
| Outlet 03 Gr | | | 955.85 | 13640.01 |
| Outlet 03 Se | | | 180.00 | 4367.60 |
| Shift Premiu | | | 0.00 | 0.59 |
| Training Tim | | | 0.00 | 273.89 |
| Gross Pay | | | 1931.85 | 27840.23 |

Taxes

| | | |
|---------------------|--------|---------|
| OASDI | 119.77 | 1726.09 |
| Medicare | 28.01 | 403.68 |
| CA SDI - CASDI | 17.38 | 250.56 |
| Federal Withholding | 159.44 | 3028.30 |
| State Tax - CA | 57.79 | 1213.80 |
| Total Taxes | 382.39 | 6622.43 |

| | | |
|---------|---------|----------|
| Net Pay | 1549.46 | 21217.80 |
|---------|---------|----------|

| Other Deductions | This Period | Year-to-Date |
|------------------------------|----------------|---------------|
| PTO | Accrued | Taken Balance |
| California Paid Sick Leave / | 0.00 | 0.00 24.00 |
| San Diego Earn | | |

Your Federal taxable wages for this period are: \$1,931.85

*Excluded from taxable wages

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Montage Laguna Beach LLC
3 Ada Parkway
Suite 100
Irvine, CA 92618

Earnings Statement

Employee ID 047280
Page 001 of 001
Period Beg/End: 11/25/2023 - 12/08/2023
Check Date: 12/15/2023
Check Number: 0052795134
Batch Number: SCBNVNTRHM8L

DIODILYN APALE
2437 Elden Ave
Apt. B1
Costa Mesa, CA 92627

For inquiries on this statement please call: 949-715-5000

| Total Hours Worked: | 48.15 | | | |
|---------------------|---------|-----------------|----------------|--------------|
| Basis of Pay: | Hourly | | | |
| Pay Rate: | 15.50 | | | |
| Earnings | Rate | Hours/ Units | This Period | Year-to-Date |
| Overtime Bas | 15.5000 | 1.33 | 20.62 | 194.08 |
| Overtime Pre | 13.4900 | 1.33 | 17.95 | 147.23 |
| Regular | 15.5000 | 46.82 | 725.73 | 9981.13 |
| Outlet 03 Gr | | | 424.89 | 14064.90 |
| Outlet 03 Se | | | 40.00 | 4407.60 |
| Outlet 05 Se | | | 598.60 | 598.60 |
| Training Tim | | | 0.00 | 273.89 |
| Shift Premium | | | 0.00 | 0.59 |
| Gross Pay | | | 1827.79 | 29668.02 |

| Taxes | | | | |
|---------------------|--|--|---------|----------|
| CA SDI - CASDI | | | 16.45 | 267.01 |
| OASDI | | | 113.32 | 1839.41 |
| Medicare | | | 26.51 | 430.19 |
| Federal Withholding | | | 146.95 | 3175.25 |
| State Tax - CA | | | 50.92 | 1264.72 |
| Total Taxes | | | 354.15 | 6976.58 |
| Net Pay | | | 1473.64 | 22691.44 |

| Other Deductions | This Period | Year-to-Date |
|------------------------------|----------------|---------------|
| PTO | Accrued | Taken Balance |
| California Paid Sick Leave / | San Diego Earn | |
| | 0.00 | 0.00 24.00 |

Your Federal taxable wages for this period are: \$1,827.79

*Excluded from taxable wages

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000006-000006

Montage Laguna Beach LLC
3 Ada Parkway
Suite 100
Irvine, CA 92618

Earnings Statement

Employee ID 047280
Page 001 of 001
Period Beg/End: 12/09/2023 - 12/22/2023
Check Date: 12/29/2023
Check Number: 0052805072
Batch Number: SCFGAGWTP25

DIODILYN APALE
2437 Elden Ave
Apt. B1
Costa Mesa, CA 92627

For inquiries on this statement please call: 949-715-5000

Total Hours Worked: 67.59
Basis of Pay: Hourly
Pay Rate: 15.50

| Earnings | Rate | Hours/ Units | This Period | Year-to-Date |
|--------------|---------|-----------------|----------------|--------------|
| Overtime Bas | 15.5000 | 0.37 | 5.74 | 199.82 |
| Overtime Pre | 23.2150 | 0.37 | 8.59 | 155.82 |
| Regular | 15.5000 | 67.22 | 1041.91 | 11023.04 |
| Outlet 05 Gr | | | 380.00 | 380.00 |
| Outlet 05 Se | | | 2224.68 | 2823.28 |
| Outlet 03 Gr | | | 0.00 | 14064.90 |
| Shift Premiu | | | 0.00 | 0.59 |
| Outlet 03 Se | | | 0.00 | 4407.60 |
| Training Tim | | | 0.00 | 273.89 |
| Gross Pay | | | 3660.92 | 33328.94 |

| Taxes | | | |
|---------------------|--|---------|----------|
| CA SDI - CASDI | | 32.95 | 299.96 |
| OASDI | | 226.98 | 2066.39 |
| Medicare | | 53.08 | 483.27 |
| Federal Withholding | | 507.73 | 3682.98 |
| State Tax - CA | | 216.69 | 1481.41 |
| Total Taxes | | 1037.43 | 8014.01 |
| Net Pay | | 2623.49 | 25314.93 |

| Other Deductions | This Period | Year-to-Date |
|------------------------------|----------------|----------------------|
| PTO | Accrued | Taken Balance |
| California Paid Sick Leave / | 0.00 | San Diego Earn 24.00 |

Your Federal taxable wages for this period are: \$3,660.92

*Excluded from taxable wages

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Montage Laguna Beach LLC
3 Ada Parkway
Suite 100
Irvine, CA 92618

Earnings Statement

Employee ID 047280
Page 001 of 001
Period Beg/End: 12/23/2023 - 01/05/2024
Check Date: 01/12/2024
Check Number: 0052815059
Batch Number: SCQVPECV5C9P

Diodilyn Apale
2437 Elden Ave
Apt. B1
Costa Mesa, CA 92627

For inquiries on this statement please call: 949-715-5000

| Total Hours Worked: | 67.09 | | | |
|---------------------|---------|-----------------|----------------|--------------|
| Basis of Pay: | Hourly | | | |
| Pay Rate: | 16.00 | | | |
| Earnings | Rate | Hours/ Units | This Period | Year-to-Date |
| Regular | 16.0000 | 5.48 | 87.68 | 890.27 |
| Shift Premiu | 1.5000 | 3.28 | 4.92 | 4.92 |
| Double Time | 62.0000 | 2.95 | 182.91 | 182.91 |
| Overtime Bas | 15.5000 | 6.88 | 106.65 | 106.65 |
| Overtime Pre | 23.2500 | 4.00 | 93.01 | 128.53 |
| Outlet 03 Gr | | | 815.91 | 815.91 |
| Outlet 03 Se | | | 543.60 | 543.60 |
| Outlet 05 Gr | | | 616.88 | 616.88 |
| Outlet 05 Se | | | 609.40 | 609.40 |
| Regular | 15.5000 | 51.78 | 802.59 | 0.00 |
| Overtime Pre | 12.3300 | 2.88 | 35.52 | 0.00 |
| Gross Pay | | | 3899.07 | 3899.07 |

| Other Deductions | This Period | Year-to-Date |
|---------------------|----------------|--------------|
| Company-Paid Deds | | |
| 401k ER Match | 155.97 | 155.97 |

| PTO | Accrued | Taken Balance |
|---|---------|---------------|
| California Paid Sick Leave / San Diego Earn | 0.00 | 0.00 24.00 |

| Taxes | | |
|---------------------|--------|--------|
| Federal Withholding | 458.21 | 458.21 |
| State Tax - CA | 196.28 | 196.28 |
| CA SDI - CASDI | 42.89 | 42.89 |
| OASDI | 241.74 | 241.74 |
| Medicare | 56.54 | 56.54 |
| Total Taxes | 995.66 | 995.66 |

| Deductions | | |
|------------------|---------|---------|
| *401k | 389.91 | 389.91 |
| Total Deductions | 389.91 | 389.91 |
| Net Pay | 2513.50 | 2513.50 |

Your Federal taxable wages for this period are: \$3,509.16

*Excluded from taxable wages

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Montage Laguna Beach LLC
3 Ada Parkway
Suite 100
Irvine, CA 92618

Earnings Statement

Employee ID 047280
Page 001 of 001
Period Beg/End: 01/06/2024 - 01/19/2024
Check Date: 01/26/2024
Check Number: 0052824254
Batch Number: SCQAAVK95IEA

Diodilyn Apale
2437 Elden Ave
Apt. B1
Costa Mesa, CA 92627

For inquiries on this statement please call: 949-715-5000

Total Hours Worked: 65.62
Basis of Pay: Hourly
Pay Rate: 16.00

| Earnings | Rate | Hours/ Units | This Period | Year-to-Date |
|---------------|---------|-----------------|----------------|--------------|
| Regular | 16.0000 | 63.69 | 1019.04 | 1909.31 |
| Overtime Bas | 16.0000 | 1.93 | 30.88 | 137.53 |
| Overtime Pre | 15.7550 | 1.40 | 22.06 | 155.66 |
| Outlet 03 Gr | | | 1334.35 | 2150.26 |
| Outlet 03 Se | | | 79.20 | 622.80 |
| Outlet 05 Gr | | | 40.00 | 656.88 |
| Outlet 05 Se | | | 624.65 | 1234.05 |
| Double Time | | | 0.00 | 182.91 |
| Shift Premium | | | 0.00 | 4.92 |
| Overtime Pre | 9.5600 | 0.53 | 5.07 | 0.00 |
| Gross Pay | | | 3155.25 | 7054.32 |

| Taxes | | |
|---------------------|--------|---------|
| OASDI | 195.63 | 437.37 |
| Medicare | 45.74 | 102.28 |
| CA SDI - CASDI | 34.71 | 77.60 |
| Federal Withholding | 310.93 | 769.14 |
| State Tax - CA | 127.79 | 324.07 |
| Total Taxes | 714.80 | 1710.46 |

| Deductions | | |
|------------------|---------|---------|
| *401k | 315.53 | 705.44 |
| Total Deductions | 315.53 | 705.44 |
| Net Pay | 2124.92 | 4638.42 |

Your Federal taxable wages for this period are: \$2,839.72

| Other Deductions | This Period | Year-to-Date |
|------------------|----------------|--------------|
|------------------|----------------|--------------|

| | | |
|-------------------|--------|--------|
| Company-Paid Deds | | |
| 401k ER Match | 126.21 | 282.18 |

| PTO | Accrued | Taken | Balance |
|---|---------|-------|---------|
| California Paid Sick Leave / San Diego Earn | 0.00 | 0.00 | 40.00 |

*Excluded from taxable wages